

RIGHTS AND RESPONSIBILITIES

Purpose: The department and the client have a shared responsibility to determine and maintain eligibility for cash, medical or food assistance programs.

This category provides information about:

- The client's rights related to public assistance;
- The client's responsibilities related to receiving public assistance; and
- The department's responsibilities to the client who applies for or receives public assistance.

Effective July 1, 2002

WAC 388-472-0005 What are my rights and responsibilities?

For the purposes of this chapter, "we" and "us" refer to the department and "you" refers to the applicant or recipient.

- (1) If you apply for or get cash, food or medical assistance benefits you have the right to:
 - (a) Have your rights and responsibilities explained to you and given to you in writing;
 - (b) Be treated politely and fairly no matter what your race, color, political beliefs, national origin, religion, age, gender, disability or birthplace;
 - (c) Request benefits by giving us an application form using any method listed under [WAC 388-406-0010](#). You can ask for and get a receipt when you give us an application or other documents;
 - (d) Have your application processed as soon as possible. Unless your application is delayed under WAC 388-406-0040, we process your application for benefits within thirty days, except:
 - (i) If you are eligible for expedited services under [WAC 388-406-0015](#), you get food assistance within five days. If we deny you expedited services, you have a right to ask that the decision be reviewed by the department within two working days from the date we denied your application;

- (ii) If you are pregnant and otherwise eligible, you get medical within fifteen working days.
- (iii) General assistance (GAU), alcohol or drug addiction treatment (ADATSA), or medical assistance may take up to forty-five days; and
- (iv) Medical assistance requiring a disability decision may take up to sixty days.
- (e) Be given at least ten days to give us information needed to determine your eligibility and be given more time if you ask for it. If we do not have the information needed to decide your eligibility, then we may deny your request for benefits;
- (f) Have the information you give us kept private. We may share some facts with other agencies for efficient management of federal and state programs;
- (g) Ask us not to collect child support or medical support if you fear the noncustodial parent may harm you, your children, or the children in your care;
- (h) Ask for extra money to help pay for temporary emergency shelter costs, such as an eviction or a utility shutoff, if you get TANF;
- (i) Get a written notice, in most cases, at least ten days before we make changes to lower or stop your benefits;
- (j) Ask for a fair hearing if you disagree with a decision we make. You can also ask a supervisor or administrator to review our decision or action without affecting your right to a fair hearing;
- (k) Have interpreter or translator services given to you at no cost and without delay;
- (l) Refuse to speak to a fraud investigator. You do not have to let an investigator into your home. You may ask the investigator to come back at another time. Such a request will not affect your eligibility for benefits; and
- (m) Get help from us to register to vote.

- (2) If you get cash, food, or medical assistance, you are responsible to:
- (a) Tell us if you are pregnant, in need of immediate medical care, experiencing an emergency such as having no money for food, or facing an eviction so we can process your request for benefits as soon as possible;
 - (b) Report the following expenses so we can decide if you can get more food assistance:
 - (i) Shelter costs;
 - (ii) Child or dependent care costs;
 - (iii) Child support that is legally obligated;
 - (iv) Medical expenses; and
 - (v) Self-employment expenses.
 - (c) Report changes as required under [WAC 388-418-0005](#) and [388-418-0007](#). If you get:
 - (i) Cash or food assistance, changes must be reported within ten days from the date you learn of the change; or
 - (ii) Medical assistance, changes must be reported within twenty days from the date you learn of the change.
 - (d) Give us the information needed to determine eligibility;
 - (e) Give us proof of information when needed. If you have trouble getting proof, we help you get the proof or contact other persons or agencies for it;
 - (f) Cooperate in the collection of child support or medical support unless you fear the noncustodial parent may harm you, your children, or the children in your care;
 - (g) Apply for and get any benefits from other agencies or programs prior to getting cash assistance from us;
 - (h) Complete reports and reviews when asked;
 - (i) Look for, get, and keep a job or participate in other activities if required

	for cash or food assistance;
(j)	Give your medical identification card or letter of eligibility from us to your medical care provider; and
(k)	Cooperate with the quality control review process.
(l)	If you are eligible for necessary supplemental accommodation (NSA) services under chapter 388-472 WAC , we help you comply with the requirements of this section.

CLARIFYING INFORMATION

See **Necessary Supplemental Accommodation** for rules and procedures related to assisting persons with special needs.

See **Letters** for LEP rules and procedures for translated written material.

See **Interview Requirements** for LEP rules and procedures to obtain translators.

WORKER RESPONSIBILITIES

1. You must give a copy of the DSHS 14-113(X) Client Rights and Responsibilities form to the client at every:
 - a. Application; and
 - b. Eligibility review or recertification.

2. If a face-to-face interview is done, explain to the client their rights and responsibilities and give them a copy of the DSHS 14-113(X).

NOTE: A signature is no longer required from either the client or field staff. Document in the ACES narrative that the form was given and explained to the client.

3. When a client applies for or has a review for medical assistance and submits an Application for Benefits, mail a DSHS 14-113(X) and document the action in the ACES narrative.